



PUBLIC EMPLOYMENT RELATIONS COMMISSION
 Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY
 Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919
 (360) 753-3444

DO NOT WRITE IN THIS SPACE

**PETITION FOR INVESTIGATION OF
 QUESTION CONCERNING REPRESENTATION**

[] Amended Petition in Case _____ -E- _____ -

Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER Snohomish County Corrections

CONTACT PERSON Human Resources
 ADDRESS 3000 Rockefeller Avenue M/S 503
 CITY/STATE Everett/Washington ZIP 98201
 TELEPHONE (425) 388-3411 EXT. 2428 FAX (425) 388-3579

ATTORNEY or Thomas Fitzpatrick
 REPRESENTATIVE Assistant Chief Civil Deputy
 ADDRESS 3000 Rockefeller Avenue
 CITY/STATE Everett/Washington ZIP 98201
 TELEPHONE (425) 388-6340 EXT. n/a FAX (n/a) n/a

2. PETITIONER Snohomish County Corrections Guild

CONTACT PERSON Edwin L. Howard
 ADDRESS P O BOX 5671
 CITY/STATE Everett/Washington ZIP 98206
 TELEPHONE (360) 387-6802 EXT. N/A FAX (360) 387-6802

ATTORNEY or Cline & Associates /Attorneys at Law
 REPRESENTATIVE James M. Cline
 ADDRESS 999 Third Ave, Suite 3800
 CITY/STATE Seattle/Washington ZIP 98104
 TELEPHONE (206) 505-5820 EXT. N/A FAX (206) 505-5821

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:

[] The employees involved are not currently represented for bargaining; or

[X] The employees involved are currently represented by:

ORGANIZATION Public, Professional, & Office-Clerical
Employees and Drivers Local Union No.763
 CONTACT PERSON David Grage
 ADDRESS 553 John Street
 CITY/STATE Seattle/Washington ZIP 98109
 TELEPHONE (206) 441-0763 EXT. N/A FAX (206) 441-6376
 ATTORNEY or _____
 REPRESENTATIVE _____
 ADDRESS _____
 CITY/STATE _____ ZIP _____
 TELEPHONE (_____) _____ EXT. _____ FAX (_____) _____

4. COLLECTIVE BARGAINING AGREEMENT Indicate:

[] There has never been an agreement covering the employees involved; or

[X] A copy of the current (or most recent) agreement is attached.

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. BARGAINING UNIT

a. **EMPLOYER'S PRINCIPAL BUSINESS**

County

b. **DEPARTMENT OR DIVISION INVOLVED**

Corrections Department

c. **DESCRIPTION OF BARGAINING UNIT** Indicate inclusions/exclusions, contract page or case/decision number:

All full-time and regular part-time employees of the Snohomish County Department of Corrections, excluding Custody Officers, Corrections Officers, Corrections Sergeants, Corrections Lieutenants, Work Release Supervisors, Support Supervisors, and confidential employees.

d. **NUMBER OF EMPLOYEES IN BARGAINING UNIT** 66

7. DESIGNATION OF REQUEST Indicate:

[] **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.

[X] **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.

[] **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.

[] **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.

[] **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS Indicate, if applicable:

[] Additional information is set forth on separate sheets attached to this petition form.

9. AUTHORIZED SIGNATURE FOR PETITIONER

NAME (PRINT) James M. Cline

SIGNATURE James M. Cline

TITLE Attorney DATE 10/4/04

RECEIVED
 OLYMPIA, WA

OCT - 6 2004

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 RELATIONS COMMISSION